INTERNATIONAL RESEARCH IN THE ARTS THERAPIES

Arts Therapies and New Challenges in Psychiatry

Edited by
Karin Dannecker

Arts Therapies and New Challenges in Psychiatry

Despite their increasing popularity and reported effectiveness, there is a dearth of evidence-based research on the practices that fall under the umbrella of "the arts therapies". The successful treatment of a variety of psychiatric illnesses through the application of the arts therapies has long been recognized in many countries around the world, including psychosis, schizophrenia, depression and borderline symptoms.

Providing valuable data on the effectiveness of the arts therapies, *Arts Therapies and New Challenges in Psychiatry* fills an important gap in the literature on psychiatric illnesses. Contributors to this impressive volume have carried out research in psychiatry and mental health with patients diagnosed with a variety of illnesses. The international focus of the book shows the global, cross-cultural relevance of the arts therapies, whilst quantitative and qualitative evidence is used to demonstrate the need for art, music-, drama- and dance therapy in a wide variety of contexts. This book shows that research in these fields can be carried out convincingly using a broad range of approaches, including each field's own professional matrix.

Providing a much-needed assessment of the arts therapies, this book will appeal to art therapists, music therapists, dance therapists and drama therapists, as well as psychiatrists, psychologists, psychoanalysts and educators of arts therapy training.

Karin Dannecker has been the Director of the MA in Art Therapy programme at the Weissensee Art Academy Berlin since 2000. Her research interests include the effectiveness of art therapy, the role of aesthetics in art therapy, and the psychology of the artist. Professor Dannecker has also worked with psychiatric and psychosomatic patients since 1987. Her clinical work includes art therapy with children, adolescents, rheumatology patients and art therapy with adult psychiatric and psychosomatic patients.

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Contributors

Susanne Bauer, Prof. Dr, is a psychologist and a music therapist certified by the German Association for Music Therapy (DMtG). She received her PhD in Ulm, Germany, where her research focused on the perception and expression of emotions in patients who suffer from schizophrenia. Susanne Bauer lived in Chile for almost 20 years, where she cofounded and directed the first postgraduate music therapy programme at the University of Chile in Santiago. She is now professor of music therapy and director of the master's programme in music therapy at the University of the Arts in Berlin. In addition to her scientific and training activities, Susanne Bauer is involved in the treatment of adults in a psychosomatic clinic. She is a member of the Asociación Chilena de Musicoterapia (AChiM) and the Society for Psychotherapy Research (SPR).

Karin Dannecker, Prof. Dr, has been the director of the MA art therapy programme at the Weissensee Art Academy, Berlin, since 2000. She has worked with psychiatric and psychosomatic patients since 1987 and has published two monographs and edited three books and numerous articles on art therapy. Her Habilitation was published under the title *Psyche und Ästhetik: Die Transformationen der Kunsttherapie*. Her academic interests are research into the effectiveness of art therapy, the role of aesthetics in art therapy, and psychology of the artist. Her clinical work includes art therapy with children, adolescents and rheumatology patients and art therapy with adult psychiatric and psychosomatic patients.

Christine Falquet-Clin, Dr, is a psychiatrist, hospital practitioner and musico-therapist in activity in the adult day care of the Centre Hospitalier Annecy Genevois's (CHANGE) mental health centre, and a doctoral student in art therapy at the Paris Descartes University under the supervision of Prof. E. Lecourt and Prof. A. Boissière.

Thomas Fuchs, Prof. Dr, is Karl Jaspers Professor for Philosophical Foundations of Psychiatry and Psychotherapy, Head of Section "Phenomenological Psychopathology and Psychiatry" at the Centre of Psychosocial Medicine, University of Heidelberg.

Johannes Junker, Prof., studied theology and philosophy in Germany and drama therapy in the Netherlands, where he also completed his supervision and coaching training. Besides his 21 years' professional experience as a drama therapist and head of department in a psychiatric and forensic hospital in Germany (1990–2011), he was for many years dean of the part-time BA course "Music, Art and Drama Therapy" (2004–2009) and dean of the international MA course "Artistic Therapies" at the Hogeschool van Arnhem en Nijmegen, Netherlands (2009–2011). From 2011 to 2016 he was professor and rector at the Hochschule für Kunsttherapie Nürtingen in Germany. Since 2016 this private university has been integrated in a state university, Hochschule für Umwelt und Wirtschaft Nürtingen Geislingen, where he is now vice dean of art therapies. He has published numerous papers in Dutch, German and English in the areas of professional development and drama therapy for specific conditions.

Iveta Koblic Zedková, MD (Czech Republic), is general adult psychiatrist, trained in Gestalt psychotherapy and dance movement therapy. During her clinical practice she gained rich experience in therapeutic work, mainly in schizophrenia spectrum disorders, and psychosomatic and neurotic disorder patients. With the support of DAAD scholarship, she took part in the TESIS Project ("Towards Embodied Intersubjectivity") at the section for phenomenology and psychopathology (Prof. Fuchs, Heidelberg). As a PhD student at the 1st Medical Faculty, Charles University, Prague, her main areas of research interest are early-onset schizophrenia and the role of body/movement in the implicit, nonverbal dimension of the psychotherapeutic encounter. Currently, she is the president of the dance movement therapy association, CR TANTER, and works in the outpatient neuropsychiatric facility, INEP Medical. She has lectured on projects in psychosocial competencies in medical students and creative arts therapies in institutional upbringing. She is the editor and co-author of the book *Dance Movement Therapy: Theory and Practice*.

Sabine C. Koch, Prof. Dr, psychologist and dance/movement therapist, is the head of the dance movement therapy department at SRH University of Heidelberg, Germany. She has more than 100 publications and runs national and international projects in the area of arts therapies, addressing aspects of theoretical, methodological, qualitative and evidence-based nature. Her most recent book focuses on *Body Memory, Metaphor and Movement* (2012) and her most recent articles include a meta-analysis of the effects of dance and dance therapy on psychological outcomes, a paper on indications and contra-indications of dance movement therapy (DMT), factors of effectiveness in DMT, as well as an evidence-based study on the effects of mirroring-based DMT on young adults with autism.

Alexander Kopytin, PhD, is a professor in the Department of Psychology at the St Petersburg (Russia) Academy for Post-Graduate Pedagogical

Training, and in the Department of Psychotherapy at the St Petersburg Medical Academy for Post-Graduate Training.

Alexey Lebedev, MD, is a trained psychiatrist and art psychotherapist in the Department of Psychotherapy, Hospital for War Veterans, Volgograd, Russia. Correspondence concerning the chapter may be addressed to the first author at alkopytin@rambler.ru.

Edith Lecourt, Prof. Dr, is full professor of clinical and pathological psychology at the University of Paris Descartes/Sorbonne Paris Cité, laboratories PCPP EA 4056 and TEC EA 3625. She is a psychologist, psychoanalyst and music therapist. She was co-founder of the first French music therapy association (1972), and organizer of the first world congress of music therapy (Paris, 1974). She is the director of the first MA and PhD in arts therapies at the Sorbonne Paris Cité (with four specializations in arts therapies), created in 2011. She has also developed group psychoanalysis at the university and is president of the French Federation of Groupanalysis. She has published many articles and books on these subjects.

Christiane Montag, PD Dr med., works as a consultant in clinical psychiatry and psychotherapy at the Psychiatric University Clinic of the Charité at St Hedwigs Hospital in Berlin. She is head of the research group "Empathy and Interpersonal Processes" in the schizophrenia research division of the Department of Psychiatry and Psychotherapy of the Charité University. Her research interests involve social cognition, emotional processing and psychotherapy in patients with psychotic disorders.

Valerie Pohlmann is a clinical psychologist (MSc.) who graduated from the University of Bremen in 2015. She was involved in the Heidelberg node of the Marie Curie TESIS project by writing her thesis on the effects of movement therapy in schizophrenia and attending movement therapy with schizophrenic patients as a co-therapist. She has a BSc. degree in psychology from Heidelberg University. In her bachelor's dissertation she investigated correlations between metaphors in movement and language following the conceptual metaphor theory.

Alice Reid is a Franco-British psychologist who has recently graduated with a master's degree from the Ecole de Psychologues Practiciens in Lyon, France. During her training she worked in a psychiatric clinic for female patients, in homes for mentally disabled people and in different types of psychosocial rehabilitation units. She has always been interested in training to become an art therapist. Alice Reid currently runs courses for caregivers and hospital employees to help them cope with stress at work and has plans to continue working with psychiatric patients using the squiggle technique. In spring 2016 she published her first article entitled, "Psychogenealogy and its history", in the French periodical *Soins Psychiatrie*.

Elizabeth Stone, MA, ATR-BC, LP, LCAT, is a licensed art therapist and psychoanalyst in private practice in Grenoble, France, working with adults, children and adolescents. She has been on the faculty of the Ecole des Psychologues Practiciens de l'Université Catholique de Lyon. She also consults through the Association Grenobloise d'Aide à la Recherche en Oncology (AGARO) at the Centre Hospitalier Universitaire (CHU) de Grenoble. Formerly on the faculty of New York University where she did her graduate studies, she has been involved in the training and supervision of art therapists in Italy, Switzerland, France and the United States. A graduate of the New York School of Psychoanalytic Psychotherapy and Psychoanalysis, she lectures and publishes widely on creative expression in art therapy in Europe and the United States.

Zuzana Vasičáková Očenášová, Mgr., MSc., is a dance movement therapist and mediator based in Bratislava. She is a founding president of the Slovak Association of Dance Movement Therapy and a founding member of Laban Atelier Bratislava. She has been working with people in psychiatric care, with dyads of parents and children with autism and with combined physical and mental disabilities, with seniors, with people experiencing eating disorders, with survivors of domestic violence and with people with physical challenges, as well as in the area of personal and professional development and conflict resolution. Currently she works as a dance movement therapist in cooperation with psychiatric day care and is developing her own practice. She is conducting her PhD research on dance movement therapy and Laban movement analyses within the theme of work with dyads at the Institute of Clinical Psychology, Masaryk University in Brno. She is a student of long-term training in process-oriented psychology.

Lambros Yotis, MD, PhD, trained as a psychiatrist (Athens University), dramatherapist (PGDip, University of Hertfordshire, UK) and theatre actor (Athens Drama School). He has worked for over 20 years in psychiatric institutions in Greece (Athens University Day Hospital), in psychiatric rehabilitation and for the international programme of the World Health Organization against the stigma of mental illness (Athens University Mental Health Research Institute). He completed a PhD in "Dramatherapy Performance and Schizophrenia" at the University of Hertfordshire, UK (2002). He is a founding member of the Association of Dramatic Expression and Therapy "Palmos" in Athens; there he works as a dramatherapist, group leader, tutor and supervisor. He has also trained in playback theatre and is an accredited trainer (International School of Playback Theatre, New York – Jonathan Fox). In 2004 he founded the first professional playback theatre group in Greece, namely "Playback Ψ", of which he is the artistic director. In addition, he works as a theatre director and teaches improvisation in schools of acting.

Preface

For several decades, the arts therapies have been vital components in the treatment of patients with psychiatric disorders. Art, music, dance and drama therapists are members of psychiatric teams and generally their work is highly valued. Often the well-being of patients is based on what they have experienced in the arts therapies.

Professionals and other interested persons know that psychiatric illnesses are accompanied by restricted abilities to communicate verbally or in other comprehensible ways, as well as with altered perception of reality and affect behaviour. This increases patients' level of suffering and feelings of being socially isolated. Here the arts have long been used to help overcome barriers of conventional communication and enhance the development of self-awareness and self-expression.

Any artistic process fosters integrative processes of feeling, acting, thinking, cognition and introspection. Because the arts media and the artistic process relate directly to sense perception, they can be applied even when logical thinking is impaired or when emotions dominate or seem to be buried. Creating art means to work with another, an outer sensually perceptive medium, to slow down impulses, to apply physical motor control and mental structuring, to find rhythm and form. An artwork always contains something of the inner as well as the outer world of its creator. It symbolizes the artist's way of feeling and perceiving his/her world, his/her hopes and fears, his/her fantasies and how he/she deals with relationships. The symbolic process fosters intersubjective experiences.

Creating an image, a dance movement, music or a drama or piece of theatre requires tolerance for what becomes visible or audible. Any artist, and the artistically working patient as well, knows or senses that the work feeds back to him/her what was formerly part of his/her inner world.

The introduction of a third element into the therapeutic relationship – the work of art, the music, dance or drama – signifies for most psychiatric patients a great relief. As their lives often have been characterized by failing and disappointing relationships with others, it is generally much easier for them to tolerate being with someone like the arts therapist, in a situation in which the

main focus of attention is on creating an expressive form. In this therapeutic alliance patients do not have to deal with the potentially threatening aspects of mainly verbally relating to a therapist. With the art therapist the use of words is directed towards working with the medium, understanding the artistic expression, the symbolic meaning and the metaphor.

Artists who become therapists bring with them specific experiences that designate them as having deep empathy for people who suffer from verbal communication problems.

Each art process requires the artist to allow him/herself access to his/her inner life. He/she must get in touch with his/her fantasies, with illogical, fragmented, unresolved themes, before he/she actively starts creating. Bearing this tension and relying on these personal experiences is what an artist as well as an art therapist is especially familiar with. Thus, these states of mind as part of the creative process are the premises the arts therapist applies when he/she encourages patients to create, to use artistic media to express themselves and communicate feelings and thoughts. Symbolic communication is what he/she particularly understands. His/her artistic as well as therapeutic abilities make him or her suited to supporting the psychiatric patient to find form in what until then has been formless, fragmented or uncontrollable, hidden or repressed.

The main goals of the arts therapies with psychiatric patients are the retrieval of self and reality, the development of a healthy body image, gaining or regaining an appropriate perception of the environment and other people, and the improvement of cognitive functions and autonomy. Above all it is the capacity to symbolize and to express feelings in communicative form, to build and maintain substantial relationships and to increase self-confidence which constitutes the specific efficacy of the arts therapies.

Despite the widely and successfully applied treatment strategies of the arts therapies for people with severe mental illness, there is only a limited number of studies providing relevant significant evidence that the use of the arts therapies reduces the appearance of negative symptoms of psychiatric patients. Internationally, the research done can be found in various databases such as the *Cochrane Library* (Wiley), *Medline* (EBESCO), *PsyInfo* (ProQuest) and *Scopus* (Elsevier). The authors of the NICE Clinical Guidelines (82, 2009) on the treatment of schizophrenia score the results of the treatment of schizophrenic patients as highly positive and they recommend the arts therapies for such patients. Yet the need for further studies in all the arts therapies is strongly emphasized by representatives of health care institutions and health insurance providers. Generally, the recommendation of treatment guidelines is to rely on a high level of scientific evidence-based studies, such as the findings of meta-analyses and large randomized control trials (RCT). However, arts therapists tend to prefer research which is based on their own professional matrix.

Today the debates reflect a wide range of approaches. Most discussions focus on the necessity to apply regular evidence-based models of measuring

the efficacy of arts therapies on the basis of empirically gained data, fulfilling the requirement to produce comprehensible data according to medical models, whereas others critically question these methods because they are not capable of gathering together the complex processes of the therapeutic relationship in the arts therapies, where the arts define the method and the quality of therapy.

The main suggestion is to investigate why arts therapies interventions are effective. This means examining each artistic medium with regard to the qualitative and healing potential it carries intrinsically. Research may also focus on the specific quality of the therapeutic relationship between patient and art therapist. The dual relationship is determinately extended by the art medium. As in modern psychotherapy, the relational processes are considered crucial to processes of change in art therapy.

In psychotherapy, research treatment outcomes cannot be fully comprehended via questionnaires because such self-assessments by patients are subjective and changing and the results therefore are unreliable in respect of the evidence of the treatment method. These observations seriously question the empirical medical models of RCT-based research. As in the psychotherapy sciences, arts therapists complain about a lack of attention to researching the specifically defined quality characteristics of their treatment modalities.

Despite controversial debates, there remains an overall need to implement research with substantiated scientific methods. Today the arts therapies are on the way to utilizing evidence-based models developed out of their own matrix. Research moves between investigating the art mode as the third element in the therapeutic relationship, the qualitative characteristics of the media and the collection of qualitative data on the therapeutic relationship. Likewise, parallel research based on quantitative, empirically medical RCT methods is applied in all arts therapies. This happens mainly and naturally in interdisciplinary collaboration with the medical and/or other departments according to the research questions. Psychiatrists are involved in and often enthusiastically support such projects. The arts therapists and the medical staff learn from and enrich each other, knowing that their engagement will help their patients to improve the quality of their lives.

This book aims to contribute to the knowledge of and insight into why arts interventions with patients with a variety of psychiatric disorders are effective. Since the core psychiatric illness requiring more intense research is schizophrenia, the contributions mainly focus on these symptoms. Many arts therapists have a wealth of therapeutic experiences with patients suffering from schizophrenia and they are inspired to do and follow an in-depth investigation about why and how their work is successful. The chapters emphasize new challenges arising from the demands of clinical work, health politics and new theoretical, social and cultural issues.

The authors work and live in six European countries. This variety of backgrounds reflects a unique collection of viewpoints in arts therapies research,

demonstrating that art therapy is not a "one-size-fits-all" approach in psychiatry. Although the contributions contain much that can be considered common denominators for the efficacy of the arts in therapy in this field, there are nevertheless some specific social and cultural influences that reflect the background of the authors. This is part of the challenge and it is the most enriching one in terms of demonstrating that collaboration in the arts therapies across borders leads to an exchange and increase of knowledge.

The book is structured according to the alphabetical order of the contributors' names.

In the first chapter **Susanne Bauer**, from Berlin, Germany, provides an introduction with an extensive overview on the musical representation of emotions of schizophrenic patients, considering the question of whether they present particularities in their perception of music, musical representation of emotions and musical dialogue behaviour. Her randomized study of schizophrenic patients investigated the question of whether schizophrenia is an illness which inhibits the appraisal and processing emotions, and whether music therapy can contribute to the hypothesis that schizophrenic patients play and perceive more irregularly and feel different from healthy people. Subjects were asked to represent sadness, joy and anger on musical instruments, classify three expressly composed piano pieces, and participate in a musical dialogue.

Christine Falquet-Clin and **Edith Lecourt**, in Chapter 2, present a clinical qualitative research on the place of aesthetic emotion in music therapy with adult psychiatric patients (PCPP and TEC laboratories of the Paris Descartes University). The research has two principal objects: the development of a theoretical background on the psychic processes involved in receptive music therapy through the clinical relationship; the study of these emotional moments through the methodology of the analysis of individual case studies in a French psychiatric hospital. It focuses on the questions of whether aesthetic emotion could be both the witness to and the impetus encouraging the work of symbolizations, of the transformations of the hypercomplex and enigmatic psychic raw material that are vital to the psyche, and whether aesthetic emotion reveals the fecundity of the interaction between the material used in artistic and in clinical practice. These questions are studied through case studies on receptive music therapy with adult patients. One of these case studies illustrates the place of aesthetic emotion in the therapeutic process.

In the next contribution, **Johannes Junker** from Nürtingen, Germany, gives an overview of dramatherapy work in the treatment of schizophrenic psychoses. The focus lies on specific treatment options, on the one hand, and on previous publications on this topic with special emphasis on research, on the other. Research results to date are collated and assessed as to their proven effectiveness and methodic relevance. As far as the effectiveness of dramatherapy treatment is concerned, supporting evidence as required by the German health system as a starting point for possible and necessary future

research is included. Several examples of dramatherapy methods that have been tested in a research project are introduced and their relevance to different aspects of this condition discussed.

In Chapter 4, the psychiatrist and art therapist **Alexander Kopytin**, from St Petersburg, Russia, and the psychiatrist **Alexey Lebedev**, from Volgograd, Russia, present findings from a study of the therapeutic effects of a group art therapy used in the form of a brief intervention in the psychotherapy unit of a Russian hospital for war veterans. An experimental group (art therapy) and a control group were composed of 112 patients being treated for stress-related disorders. A suite of assessment tools to measure the dynamics of patients' symptomatic status, personality and quality of life revealed the multifaceted effects of interactive group art therapy. Though certain positive effects were also observed in the control group, these effects were less evident than in the experimental group.

Chapter 5 presents the results of a pilot study carried out by **Christiane Montag** and **Karin Dannecker** with acute schizophrenic patients in a university hospital in Berlin. The Psychiatric University Clinic of the Charité at St Hedwigs Hospital and the Art Therapy Department at the Weissensee Art School Berlin collaboratively conducted the research with 54 acute schizophrenic patients. In this randomized controlled study, the question was whether art therapy leads to symptom reduction in acute schizophrenic states. The empirical findings are presented in this chapter. Parallel qualitative approaches were applied: the art therapy sessions were filmed, the artworks were photographed. The qualitative approach to evaluating the project, including the series of artworks, is introduced.

Valerie Pohlmann, **Sabine C. Koch** and **Thomas Fuchs** from Heidelberg, Germany, then present an investigation of changes in the well-being of schizophrenic patients after 20 sessions of body-oriented psychotherapy provided by three dance movement therapists in a multicentre study. Results are discussed from an embodiment perspective. Schizophrenia is a self-disorder characterized by positive and negative symptoms. While medication can successfully address positive symptoms, it cannot change negative symptoms. Schizophrenia can, furthermore, be conceptualized as a disturbance of the embodied self or a *disembodiment*, suggesting that body-oriented psychotherapy/dance movement therapy as nonverbal body-oriented methods can address the challenges of the disorder. There is evidence that body-oriented psychotherapy/dance movement therapy effectively reduces negative symptoms of schizophrenia.

The aim of the pilot study from **Alice Reid**, from Lyon, France (Chapter 7), was to explore the way in which the squiggle technique might be relevant when it is adapted to a group activity organized for schizophrenic patients undergoing a psychosocial rehabilitation programme. The results suggested that the use of the squiggle could increase a patient's flexibility. On average, patients practically doubled their answers in the divergent thinking tasks and

began to use new strategies to adapt their inner world to the squiggle. The medium facilitated the creation of secure relationships within the group. The participants gradually took more interest in each other's work, thereby increasing and developing their questions and comments. The different parts of the squiggle were used to make a unified object or several objects interacting together or to build a full context or story. An increasing number of links being made between their production and their own story provided evidence of the emergence of a stronger narrative self.

In her explorative study in Chapter 8, **Elizabeth Stone**, who lives and works in Grenoble, France, offers a reflection from clinical practice based upon the premise that the role of the "borrowed" image advances the therapeutic action of art therapy with psychiatric patients. A series of case vignettes illustrates how the level of fragility in the individual's psychic structure influences the way the outside image is internalized and functions in strengthening the ego. The author posits the argument that the theoretical roots of "borrowing" or copying originate in the intrapsychic internalization process, through which self and object relations develop. Winnicott's concept of the transitional object (and transitional phenomena) stands as the prototype for the borrowed image in art therapy. The author's use of the term "borrowed image" refers to a range of outside images that include art reproductions, the live model, the landscape, photos or the artwork of other patients, and serve as a basis for creating painting, drawing and sculpture.

Zuzana Vasičáková Očenášová from the Slovak Republic and **Iveta Koblic Zedková** from the Czech Republic explore the challenges of using Slovak folk dances as a potential therapeutic substrate in dance movement therapy working with clients experiencing psychiatric disorders. Representing and expressing cultural and social contexts of the bodily self, folk dances can be seen as a valuable resource for therapeutic interventions. In Slovakia, a pilot research study using Laban movement analysis of five selected Slovak folk dances was conducted in order to be used as a base for further exploration. The analysis brought up typical movement patterns, shadow movement qualities, movement shifts, as well as differences in movement choices of men and women. The prevailing common movement choices were identified in order to explore further therapeutic potential. For psychiatric patients therapeutically highly relevant clusters were identified in the data material. The authors conclude that the complex dance forms of Slovak folk dances can provide a rich source for dance movement therapy in psychiatry, both in the overall setting and for particular interventions, on three important levels, mostly in impaired psychiatric patients.

Psychiatrist and dramatherapist **Lambros Yotis**, living in Athens, Greece, relates to Aristotle's "Poetics" as the first sign system in theatre theory, a doctrine written by Aristotle (384–322 BC) to describe the core elements of the performance of ancient Greek tragedy. Contemporary practice in dramatherapy usually deals with the clients' material within a group and does not

include performance before an audience. Chapter 10 presents a tool for the assessment and evaluation of a dramatherapy project with clients with schizophrenia that took place at the Eginition Day Hospital of the National and Kapodistrian University of Athens, Medical School, Department of Psychiatry. "Dramatherapy Performance Evaluation" is inspired by Aristotle's "Poetics" and gives the opportunity to assess both the performance process and the event, as well as the clients' symptoms during the construction of the performance. It also shows the change in the clients' "negative symptoms" of schizophrenia after a dramatherapy performance project.

Concluding this Preface, I would like to remark that editing this book was an exciting project in many ways. First because it reflects how rewarding international collaboration in doing research can be. In the arts therapies we generally share a high level of enthusiasm for our fields as well as concerns for further developing the profession. Those concerns may address issues coming from one's own country and culture, as some of the chapters in the book clearly reflect. Themes and questions stemming from one's own cultural and social background and political region arise in the arts therapies.

Psychiatric patients especially are sensitive to these. They express feelings of alienation in their society and they long to be understood, which often is reflected in their art. Some of the authors emphasize this qualitative aspect and prove that the arts therapies provide a special space and possibilities for patients with schizophrenia and other psychiatric diagnoses to investigate their conflicts with cultural and personal identity and relationship issues. Here the investigation of the role of the arts in therapy, which cannot be manifested in numbers but made plausible, is crucial in these qualitative approaches to research.

Second, we know, on the other hand, that there are common and cross-cultural issues which scientifically grounded research in the arts therapies needs to take into consideration. Generating evidence-based results requires following the research methods of the natural sciences. Hence some contributions are based on randomized controlled studies and provide data as the results of the investigations.

The authors of the chapters have devoted themselves greatly to contributing to the aim of the book, which is to extend the knowledge of and insights into the efficacy of the arts therapies. As the editor of the book, I want to thank them all for the profound results of their meeting these challenges.

Karin Dannecker

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Chapter 1

Music therapy

Differentiation of emotions in schizophrenia

Susanne Bauer

Background

This chapter presents a study of relationships between music and disease, more specifically between the perception, expression and representation[1] of music by schizophrenic persons.

Many contemporary scientific disciplines deal with questions concerning "music and mankind", how music and sound affect the body, intellect and soul of healthy and mentally ill people: such disciplines include developmental psychology and emotional psychology, the musicological sciences and music psychology, neurobiology and neurosciences, medicine and psychoanalysis. Some of these studies were considered relevant for understanding the basis of our experimental research. For example, musicologists and music and perception psychologists address the question of *how* people perceive music and exactly *what* they perceive, the emotional and physiological effects of music, and the psychic processes involved during musical representation and the musical expression of healthy people (Böttcher & Kerner, 1978; Frank, 1975; Harrer, 1975; Pekrun, 1985; Revers, 1975). Further, developmental psychologists explain the basics of normal affective interpersonal behaviour and early preverbal dialogue (Jörg et al., 1994; Papousek & Papousek, 1988; Stern, 1991; Trevarthen, 2002). On the other hand, psychologists and psychiatrists investigate the affective behaviour of schizophrenic persons in order to verify whether and how the illness influences perception and expression of feelings (Hufnagel, Steimer-Krause & Krause, 1991; Krause, Steimer-Krause & Ullrich, 1992; Steimer-Krause, 1996; Steimer-Krause, Krause & Wagner, 1990). Many of these findings converge in the discipline of music therapy, which forms the basis of this study. For music therapists in Germany, treatment of people with schizophrenia has been part of the everyday clinical routine for decades. Early publications on the subject appeared in the 1980s (Kneutgen, 1980; Meschede, Bender & Pfeiffer, 1983; Ostertag, 1985; Strobel, 1985). Musical behaviour patterns of schizophrenic persons described in case analyses lead to the conclusion that there are probably some repeating musical expression methods related to the clinical picture and that these may

be disorder-specific (discussed in more detail later). Regarding research, it has been repeatedly demonstrated that music therapeutic treatment can positively influence so-called "negative symptoms" and improve social competence (Gold, Heldal, Dahle & Wigram, 2005; Gold, Solli, Krüger & Lie, 2009; Ulrich, Houtmans & Gold, 2007). The following section will present results which refer to perception, representation and experiencing of feelings and music in healthy and schizophrenic persons, as well as their significance for dialogue behaviour.

Perception psychology and musicology

Wellek (1982) provided an important contribution when he posed the question of "how" and "what" a person hears upon being subjected to musical stimuli. He established that "for the child and the childlike person in general, a picture or a musical piece has points of attraction or repulsion, which lead to immediate replies of attraction and rejection" (p. 250). In his opinion, a child cannot yet understand the gestalt as a whole, and understands just as little the gestalt depth of a musical piece (ibid.). Other gestalt psychological studies of music perception implied that the perception occurs through a focused identification and tracking of a "figure" on a "ground". A melody can certainly be perceived as a figure or "good gestalt" even if it does not fit into the harmonic framework (Büchler, 1987, p. 53). Identification of ground and figure in music is related to previous learning and cultural processes. Every experience leaves an imprint in the brain, and new perceptions connect with existing "imprint gestalts" ("*Spurgestalten*") (Thomas, 1990). According to Büchler (1987), the brain is aware of a logical and reliable continuation of a presented piece of music. If the expectation is fulfilled, the entirety acquires a meaning, but the result of an unfulfilled expectation is meaninglessness (ibid.). De la Motte-Haber (1996) conjectured that the perception of musical relationships occurs through assimilation of categorical structures, thereby creating not only regimes but also meanings, and that this process was "a fundamental form of information processing" (p. 156). Jourdain (1998) assumes that the brain seeks familiar indices and patterns: "We recognize musical stylistic devices, that is, we remember them from previous experiences. Memory is therefore a determining factor for musical perception" (p. 304). People select dominant or central features of a musical piece and generalise these to an overall impression, i.e. they interpret the part as the whole ("inductive process"). De la Motte-Haber (1996) determined that tempo is considered a typical dominant feature behind which other musical features recede in importance (pp. 158ff.). Jourdain (1998) also speaks of selective perception and generalisations in the evaluation (of music), particularly by untrained listeners (p. 320).

Developmental psychology

With reference to dialogue configuration, developmental psychologists were able to determine that affective-cognitive development is promoted by vocal stimulation (Altmann de Litvan et al., 2001; Beebe & Lachmann, 1994; Malloch, 1999; Papousek, 1981; Papousek & Papousek, 1988; Stern, 1991; Trevarthen, 2002). Papousek (1995) describes how learning of dialogue structure (turn-taking) takes place before learning of speech; mothers answer the tones or gestures of their infants, stimulate them to new action, wait again for their reactions and react anew. Motherly responses initially take the form of imitation, with increasing variations appearing later (Papousek, 1981; Stern, 1991). The quality and quantity of vocalisation behaviour in children change so greatly during the first months of life that by the 18th month they can carry on an actively structured and coordinated dialogue. Jörg et al. (1994) describe three early interaction schemes: (a) synchronicity: simultaneous occurrence of identical behaviour or feeling states with simultaneous eye contact; (b) reciprocity: reciprocal influencing through new stimuli; (c) elicitation: occurrence of behaviours which lead the communication in a new direction. A faulty interaction results when answers are inconsistent and when reactions are illogical or rigid, when a child's negative signs and new stimuli go unperceived or disregarded, and when elicitations are not answered. Mutual lack and rejection of eye contact are also characteristic of an unsuccessful interaction.

Thus the healthy newborn child has a multitude of hereditary cognitive abilities such as perception, storage, organisation, differentiation and recognition of stimuli; these make it possible for the infant to undertake high-level communication with its environment. To make an appropriately weighted response to its early needs, the child requires an adequate system of affect understanding and affect coding (Osofsky & Eberhart-Wright, 1988), whereby the intensity of its affect utterances is linked to the cultural, familial and historical context (Hochschild, 1996; Krause, 1983). In addition to all of the pre-speech phase possibilities such as gesture, mimicry and voice, musical expression plays an increasingly important role in the early development of humans, particularly with respect to identity building and socio-cultural affiliation. The intersubjective relationship and interaction behaviours acquired in the early stages of development are reflected in adult dialogue behaviour and can be observed and altered in a therapeutic context (Stern, 2010).

Psychiatry and emotion psychology: affect and emotional behaviours

Scientific studies of psychiatry show that perception, affect behaviour and interaction are altered in people with schizophrenia. Numerous studies of persons with primarily negative symptomatology have found a constant tone

of voice as well as facial expression which are independent of the spoken content, likewise an increased social withdrawal and abandonment of social relationships. Blunted affect and impoverishment of emotional life were also observed (Creer & Wing, 1989; Kanas, 1996; Katschnig, 1989; Wygotski, 1985). Other studies asked schizophrenic patients and healthy controls to identify feelings in facial expressions presented in photographs or pictures (Lewis & Garver, 1995; Toomey & Schuldberg, 1995; Walker, McGuire & Bettes, 1984). The schizophrenic patients identified feelings represented in the facial expressions significantly less accurately than did persons in the control group. Paranoid patients did have significantly better results than non-paranoid schizophrenic patients (Lewis & Garver, 1995). Other investigations measured facial expression and mimicry changes in schizophrenic patients and healthy controls during presentation of differently emotionally charged cinematic scenes (Kring, Kerr, Smith & Neale, 1993; Kring & Neale, 1996). The results showed distinctly reduced mimicry in persons with schizophrenia compared to the controls. Nevertheless, schizophrenic persons perceived positive and negative emotions just as well as the healthy controls. Krause et al. (1992) obtained similar results in their studies. They determined that the barrenness of mimic expression in schizophrenic persons was often accompanied by very intense experience-based and verbalised negative affects. Investigations of interactive behaviour of schizophrenic and healthy partners (Hufnagel et al., 1991; Steimer-Krause, 1996; Steimer-Krause et al., 1990) captured facial movements using the EMFACS coding system developed by Friesen and Ekman. The results showed that healthy partners adapted themselves to the mimic expression behaviour of their schizophrenic partners and conducted themselves with less expressiveness than partners of a healthy control group. On the other hand, schizophrenic patients tended to emotionally identify with the expressive behaviour of the healthy partner. In their investigation of subjective emotional activity of persons with schizophrenia in the year 2000, Myin-Germeys, Delespaul and deVries adopted the experience sampling method (ESM) to capture the emotional effect of everyday experiences; they found that the illness as such does not present an impediment to feeling emotions. Compared to a healthy control group, the experimental subjects even showed *greater variability* in negative emotions than the control group, though for positive emotions it was significantly lower. The *intensity of feeling* of positive emotions in members of the experimental group was thus significantly lower, whereas for negative emotions it was significantly higher. No significant differences in schizophrenic patients "with flat affect" and "without flat affect" were found in the subjective experiencing of emotions. The "flat affect" classified by the external raters using the Brief Psychiatric Rating Scale (BPRS) could not be confirmed by the experimental subjects themselves. Correlations were poor to non-existent. With respect to therapeutic procedure, the authors consider these results to be relevant, and they see it as a therapeutic responsibility to find a method which promotes the

integration of emotions (Myin-Germeys et al., 2000, p. 851). The title of the study by Myin-Germeys and colleagues speaks for itself: "Schizophrenia patients are more emotionally active than is assumed based on their behaviour."

In his meta-analysis of some 55 English-language studies on the subject of schizophrenia and emotions, Trémeau (2006) found that schizophrenic persons express their emotions via verbal, facial and acoustic channels more poorly than healthy controls, but that their behaviour does not clearly and significantly differ from that of depressive persons. On the other hand, the studies which he reviewed showed that schizophrenic persons suffer from a deficit in the identification, expression and experiencing of emotions. With respect to the experiencing of emotions, his conclusion contradicts the findings of Myin-Germeys. Trémeau explicitly points out the difference between recognition and appraisal of feelings: "recognition is part of emotional intelligence and social perception, whereas appraisal is part of emotion processing" (ibid., p. 60). In order to gain a better understanding of the effects of emotional processing deficits on social functioning, he recommends studies of further and as yet unidentified aspects of emotional processing (ibid., p. 67).

Investigations of the capability to perceive and differentiate vocally expressed emotions in schizophrenic persons have been appearing for several years; among the research groups is that of Petri Laukka and Patrik Juslin at the University of Uppsala in Sweden. One of these studies (Leitman et al., 2010) concerns the researching of prosody and identification of emotions on the basis of vocal acoustic stimuli such as tone pitch, timbre and intensity. This study presented the first evidence that schizophrenic persons, in contrast to healthy controls, are unable to utilise pitch, pitch variability or prosody in the identification of emotions.[2] Likewise, in the estimation of emotional arousal, schizophrenic persons performed significantly more poorly than healthy controls. In contrast to the case of pitch, when volume was related to estimation, there were no significant differences between the two groups. Further studies of schizophrenia, prosody and perception of emotions can only be referenced here (Jahshan, Wynn & Green, 2013; Kantrowitz et al., 2013; Matsumoto et al., 2006).

Music therapy and schizophrenia: clinical aspects and research

Concerning musical expression in people with schizophrenia, Reichelt (1989) describes one of his patients as having a proficiency in imitation which "rigidifies to routine" or, in addition, a "passive drivenness" (p. 69). In another patient he then observed his "endless crotchets (quarter notes)" or "unstructured drumbeats tending toward infinity" (p. 73). Vogt (1991) cites lacking dynamic flexibility of tempo and volume, and lacking dialogue structure in play, among others, as a typical behaviour pattern of his patient (pp. 18–19).